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Vertex Pharmaceuticals Incorporated 130 Waverly Street . Cambridge, MA 02139-4242 Tel. 617.444.6100 • Fax 617.444.6483 http://www.vpharm.com

Fax Message

Examiner Tamthom Ngo Truong TO: 10/005,133 APPLICATION NO.: **GROUP ART UNIT:** 1624 **CONFIRMATION NO.:** 8058 (703) 872-9306 FAX: FROM: Karen E. Brown DATE: May 23, 2005 VPI/00-126 US **ATTORNEY DOCKET NO.: TOTAL # OF PAGES: Message or Comment** 

Attached is the following document:

Transmittal Letter (3 pages, in duplicate); 1.

Petition for Extension of Time (1 page, in duplicate); 2.

Request for Continued Examination (RCE) (1 page, in duplicate); and 3.

Amendment and Reply to Office Action (11 pages).

#### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 872-9306 on this 23rd day of May 2005.

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

FAX Number (617) 444-6483 Legal Department

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MAY 2 3 2005

Attorney Docket No. VPI/00-126 US

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/005,133

Confirmation No.:

8058

Filing Date:

December 5, 2001

Examiner:

Tamthom Ngo Truong

Group Art Unit:

1624

Applicants:

Mark Ledeboer et al.

For:

INHIBITORS OF c-JUN N-TERMINAL KINASES (JNK) AND OTHER

PROTEIN KINASES

May 23, 2005 Cambridge, Massachusetts

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [] Exhibit A; [X] a Petition for Extension of Time; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; [X] Request for Continued Examination (RCE); to be filed in the above-identified patent application.

## Attorney Docket No. VPI/00-126 US

### FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

_	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT RATE EXTRA		RATE	ADDITIONAL FEES	
TOTAL	CLAIMS	0	-	0	* =	1	<b>X</b> \$ :	18 =	\$ 0.00	
INDEPE		0	_	. 0	** <b>=</b>	0 .	<b>X</b> \$ 3	86 =	\$ 0.00	
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM							+ \$2	90 =	\$	
	If less than 20, insert 20. If less than 3, insert 3.							AL	\$0.00	

- [] A check in the amount of \$\_\_\_ in payment of the filing fee is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] Please charge \$790.00 to Deposit Account No. 50-0725 in payment of the RCE (Request for Continued Examination) and filing fee. A duplicate copy of this transmittal letter is transmitted herewith.